

# EXHIBIT

4

# NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)

[Home](#)[Information](#)[Registration](#)[Claim Package](#)[Notices](#)[BAP](#)[MAF Physician](#)[List](#)[My Account](#) | [Survey](#) | [Log Off](#)

\*\*\*This website will be offline for scheduled maintenance from Friday, March 1, 2019, at 9:00 PM ET until 2:00 PM ET on Saturday, March 2, 2019.\*\*\*

[<< Back](#)

## Claim Package Page

### Settlement Class Member Information

Settlement Program ID: 900003916

Name:

Address:

Claim Package Status: Notice or Notice of Claim Issued -  
Action Required

Settlement Class Member Type: Retired NFL Football Player

Registration Status: Registered in Program with No  
Further Challenge/Appeal Rights[View Documents](#)[Upload](#)[Create New Claim](#)

### View Documents

Sort Documents likely associated with

[All](#)

Doc ID	Document Category	Document Type	File Name	Create Date	
191812	Audit	Audit Response	response to audit notice 191812.pdf	11/28/18	<a href="#">Remove</a>
191809	Audit	Audit Response	follow up audit notice 191809.pdf	11/28/18	<a href="#">Remove</a>
187429	Notices from Claims Administrator	Follow-up Notice of Audit of Claim	900003916_176632.pdf	10/9/18	
183807	Notices from Claims Administrator	Notice of Audit of Claim	900003916_173308.pdf	8/29/18	
181875	Appeals	New Evidence Response Submitted by NFL	exhibit 5_181875.pdf	8/8/18	<a href="#">Remove</a>
181874	Appeals	New Evidence Response Submitted by NFL	exhibit 4_181874.pdf	8/8/18	<a href="#">Remove</a>
181873	Appeals	New Evidence Response Submitted by NFL	exhibit 3_181873.pdf	8/8/18	<a href="#">Remove</a>
181872	Appeals	New Evidence Response Submitted by NFL	exhibit 2_181872.pdf	8/8/18	<a href="#">Remove</a>
181871	Appeals	New Evidence Response Submitted by NFL	exhibit 1_181871.pdf	8/8/18	<a href="#">Remove</a>
181870	Appeals	Appeal Response Document by NFL	Opposition_181870.pdf	8/8/18	<a href="#">Remove</a>
178412	Appeals	Filed Appeal Alert (SCM)	900003916_168382.pdf	7/9/18	
178167	Appeals	Appeals Form from Settlement Class Member	appealformforadcc_168137.pdf	7/5/18	
178166	Appeals	Evidence in Support of Appeal by Class Member	bates stamped records 178166.pdf	7/5/18	<a href="#">Remove</a>
178165	Appeals	Evidence in Support of Appeal by Class Member	exhibit a_178165.pdf	7/5/18	<a href="#">Remove</a>
178164	Appeals	Evidence in Support of Appeal by Class Member	appeal of claim determination 7 5 18_178164.pdf	7/5/18	<a href="#">Remove</a>
174246			900003916_164581.pdf	6/5/18	

	Notices from Claims Administrator	Notice of Denial of Monetary Award Claim			
164783	Notices from Claims Administrator	Notice of Preliminary Review for Level 1 5 and 2 Claims	900003916_155955.pdf	3/30/18	
163384	Notices from Claims Administrator	Notice of Concluded Audit	900003916_154661.pdf	3/23/18	
158554	Notices from Claims Administrator	Notice of Audit of Claim	2_20_18.pdf	2/22/18	
158555	Monetary Award	Health Care Provider History Form	2_20_18.pdf	2/22/18	Remove
158556	Audit	Audit Process HIPAA Authorization Form	2_20_18.pdf	2/22/18	Remove
158557	Employment Records	Employment History Form	2_20_18.pdf	2/22/18	Remove
158558	Other	Envelope	2_20_18.pdf	2/22/18	Remove
149267	Notices from Claims Administrator	Notice of Preliminary Review for Level 1 5 and 2 Claims	12_18_17.pdf	12/20/17	
149268	Other	Other	12_18_17.pdf	12/20/17	Remove
149269	Monetary Award	Monetary Award Claim Package HIPAA Authorization Form	12_18_17.pdf	12/20/17	Remove
149270	Monetary Award	Claim Form for Retired NFL Football Players and Representative Claimants	12_18_17.pdf	12/20/17	Remove
149271	Monetary Award	Signature Acknowledgement Form	12_18_17.pdf	12/20/17	
149272	Monetary Award	Pre-Effective Date Diagnosing Physician Certification	12_18_17.pdf	12/20/17	Remove
149273	Monetary Award	Medical Records	12_18_17.pdf	12/20/17	Remove
149274	Monetary Award	Pre-Effective Date Diagnosing Physician Certification	12_18_17.pdf	12/20/17	Remove
149275	Monetary Award	Medical Records	12_18_17.pdf	12/20/17	Remove
149276	Other	Envelope	12_18_17.pdf	12/20/17	Remove
143856	Notices from Claims Administrator	Notice of Audit of Claim	900003916_137168.pdf	11/17/17	
84038	Monetary Award	Diagnosing Physician Certification Form	physician_certification_form_84038.pdf	6/28/17	
84037	Monetary Award	Claim Form	claimform_81673.pdf	6/28/17	
84036	Monetary Award	Signature Acknowledgement Form	signed_claim_form_84036.pdf	6/28/17	
60095	Notices from Claims Administrator	Notice of Conflicting Representation	noticeofoverlappingrepresentation_59200.pdf	4/18/17	
57177	Monetary Award	HIPAA Form	signed_hipaa_form_177.pdf	4/13/17	
53554	Monetary Award	Medical Records	chart_dr_morariu_638_53554.pdf	4/5/17	Remove
53553	Monetary Award	Medical Records	dr_morariu_report_8459_53553.pdf	4/5/17	Remove
31723	Notices from Claims Administrator	Notice of Registration Determination	900003916_40906.pdf	3/23/17	
10723	Notices from Claims Administrator	Notice of Attorney Representation	noticeofattorneyrepresentation_10706.pdf	2/8/17	
8361	Registration	Registration Form	registrationform_8344.pdf	2/8/17	

Claim Package

This page allows you to submit all of the required information for a complete Claim Package. You can complete the sections in any order, and you can save your progress and return to this page as needed. In each section, you will initially see an empty checkbox that looks like this:  The checkbox will remain blank until you begin the section, and it will show a red exclamation point like this if you begin the section but do not complete it:  After you complete a section, the checkbox will show a green checkmark, like this:  The instructions explain what you must do to complete each section. You control when you submit your client's Claim Package for review by the Claims Administrator.

The way you complete and submit your client's Claim Package depends on whether your client will use the Portal. If your client will use the Portal, you can send him the Claim Form and HIPAA Form within the Portal to review and complete, and your client will be able to upload the Signature Acknowledgement Form and HIPAA Form for you to review. If your client will not use the Portal, you will coordinate the client's involvement "offline" and complete all of the Claim Package submission processes in the Portal yourself.

When you have completed the Claim Package and wish to submit it to the Claims Administrator, you must click the Submit for Review button at the bottom of the page.



## 1. Claim Form

To complete the Claim Form, click the Start/Edit Claim Form button. Provide all requested information, much of which will be pre-filled from Registration. If any of the pre-filled information is not correct, you may edit it. You can save your edits at any time by clicking the Save button on the Claim Form. Be sure to save the Claim Form when it is completed.

After you complete the Claim Form, click the Send>Show Claim Form to Client button, which will open a page where you can (1) send your client an email indicating that the Claim Form is ready for review and editing or approval within the Portal or (2) generate a PDF of the Claim Form and Signature Acknowledgement Form to (a) show a client physically present in your office or (b) send to your client offline.

If you send the Claim Form to your client within the Portal, your client will have the ability to edit the Claim Form and/or accept the Claim Form and generate a Signature Acknowledgement Form to print and sign personally.

You will also have the ability to generate a Signature Acknowledgement Form for your client to sign by clicking the Generate Signature Acknowledgement Form button, which will designate the last-saved version of the Claim Form as finalized and generate a Signature Acknowledgement Form PDF.

You or your client will need to scan the signed Signature Acknowledgement Form and then upload it by clicking the Upload Signed Signature Acknowledgement Form button, which will take you to a screen where you can select and submit the signed Signature Acknowledgement Form from your computer.

If you review the Claim Form with your client in person or send it to your client outside of the Portal, and the Claim Form requires additional editing, you will need to return to the Portal and click the Start/Edit Claim Form button to make and save the required edits. The signature date on your client's signed Signature Acknowledgement Form must post-date the last-saved edits made to the online Claim Form.

This step will not show a green checkmark until you submit a signed Signature Acknowledgement Form.

You can go back and edit the Claim Form at any time. However, if you have already submitted a Signature Acknowledgement Form, you must create, print, sign, and submit a new one to certify the updated Claim Form.

You can view the last-saved version of the Claim Form and signed Signature Acknowledgement Form by clicking the quick links to the right.



## 2. Diagnosing Physician Certification Form

If you have not already done so, you need to get the Retired NFL Football Player's diagnosing physician to complete a Diagnosing Physician Certification Form. You can create a Diagnosing Physician Certification Form that will pre-fill with Registration information. Click on the Create Diagnosing Physician Certification Form button, which will take you to a screen where you can select the type of Diagnosing Physician Certification Form you need to print and give to the Retired NFL Football Player's physician.

To upload a completed Diagnosing Physician Certification Form that has been signed by the physician(s) who provided the Retired NFL Football Player's Qualifying Diagnosis, click the Upload Diagnosing Physician Certification Form button, which will take you to a screen where you can select and submit the Diagnosing Physician Certification Form from your computer.

This step will not show a green checkmark until you submit a Diagnosing Physician Certification

[Edit Claim Form](#)

[Send>Show Claim Form to Client](#)

[Create Signature Acknowledgement Form](#)

[Upload Signed Signature Acknowledgement Form](#)

### Document Quick Links

[View Detailed Claim Form Instructions](#)

[View PDF of Last-Saved Claim Form](#)

[View Signed Signature Acknowledgement Form](#)

[Form](#)

[Create Diagnosing Physician Certification Form](#)

[Upload Diagnosing Physician Certification Form](#)

### Document Quick Links

Form

NOTE: If you need to edit any of your client's pre-filled information, click on the Start/Edit Claim Form button in the Claim Form section above, make the appropriate edits in the Claim Form, and click the Save button at the bottom of the Claim Form. Those edits will then appear in any new Diagnosing Physician Certification Forms you generate.



### 3. Medical Records

To upload medical records reflecting the Retired NFL Football Player's Qualifying Diagnosis, click the Upload Medical Records button, which will take you to a screen where you can select and submit the medical record(s) from your computer. You can submit additional medical records on a rolling basis.

This step will not show a green checkmark until you submit at least one medical record.

You can view the medical records you submit by clicking the quick link to the right.

[View the Diagnosing Physician Certification Form You Submitted](#)

### Upload Medical Records

#### Document Quick Links

[View the Medical Records You Submitted](#)



### 4. HIPAA Form

We made a pre-filled HIPAA Form for your client to sign using information from Registration. You can view that unsigned form by clicking the View the Unsigned HIPAA Form quick link to the right.

To send or give a HIPAA Form to your client to sign, click the Send/Give HIPAA Form to Client button, which will open a page where you can (1) send your client an email inviting him to provide an electronic signature within the Portal, (2) permit you to turn your keyboard around to a client physically present in your office for electronic signature, or (3) generate a PDF to print and give to your client to sign.

If you send the HIPAA Form to your client within the Portal, your client will have the ability to enter an electronic signature and submit the signed form in the client's Portal.

If your client is physically present with you, you can let him enter an electronic signature within your Portal.

If you send or give a hard copy of the HIPAA Form to your client outside of the Portal, you will need to get your client to sign the form, and you will then need to scan the signed form and upload it by clicking the Upload Signed HIPAA Form button, which will take you to a screen where you can select and submit the signed HIPAA Form.

This step will not show a green checkmark until (1) your client completes the HIPAA Form's electronic signature process in his own Portal or in your Portal or (2) you upload a PDF of the signed HIPAA Form.

You can view the HIPAA Form you or your client submits at any time by clicking the quick links to the right.

NOTE: If you need to edit your client's pre-filled information, click on the Start/Edit Claim Form button in the Claim Form section above, make the appropriate edits in the Claim Form, and click the Save button at the bottom of the Claim Form. Those edits will then appear in the HIPAA Form.

### Send/Give HIPAA Form to Client

### Upload Signed HIPAA Form

#### Document Quick Links

[View the Signed HIPAA Form You or Your Client Submitted](#)



### 5. NFL Football Employment & Participation Records

**We already credited you:**

**2.5\***

Eligible Seasons

\*This is just a baseline. You can still prove more Eligible Seasons, if needed.

We already have NFL Football employment and participation data for many Retired NFL Football Players, including your client. We know from that data that he played at least the number of Eligible Seasons shown above, so we credited those Eligible Seasons to him and included them in the Claim Package.

We do not have complete NFL Football employment and participation records for every Retired NFL Football Player, so the Eligible Season(s) calculated above may under-represent the actual number of Eligible Seasons. If you think that is the case, then you need to:

### Review & Supplement NFL Data

### Upload More Eligible Season(s) Records

#### Document Quick Links

[View the NFL Data](#)  
[View the Eligible Season Records You Submitted](#)

- 1 Click on the Review & Supplement NFL Data button to (a) see the data we have for the Retired NFL Football Player and (b) indicate what additional Eligible Season(s) you intend to prove; and
- 2 Click the Upload More Eligible Season(s) Records button to upload additional records to try to prove more than the Eligible Season(s) we calculated for the Retired NFL Football Player from the NFL data. This button will take you to a screen where you can select and submit records from your computer. You may submit additional records on a rolling basis.

You can view NFL data and/or the records you submit by clicking the quick links to the right. If you think the NFL data we credited your client belongs to another Retired NFL Football Player, click here

### Submit Claim Package for Review

This Submit Supplemental Claim Package for Review button will be inactive until a green checkmark appears next to each section above. After you complete the sections, you must click this button to designate the Supplemental Claim Package as final and submit it for review by the Claims Administrator. IMPORTANT: Because we do not know when you have provided everything you intend to provide, even if you see a green checkmark next to each section, the Supplemental Claim Package will not be submitted or reviewed until you click this button designating the Supplemental Claim Package as final and ready for review.



**EMERGENCY BYPASS:** We strongly encourage you not to bypass. The Claim Package submission process is designed to help you avoid deficiencies to the extent possible. If you do not wish to complete each section, you may bypass one or more steps by checking the unlock box to the left, which will activate the Submit Claim Package for Review button and allow you to submit the Supplemental Claim Package for review without completing all of the sections. While the completion of each step does not ensure that the claim will be eligible, it does reduce the likelihood that the Supplemental Claim Package will be deficient. We strongly encourage you not to bypass the step-by-step process.